

MARYLAND CAPITOL POLICE Personnel Inspection Report

Year: _____

Name: _____

Rank: _____ ID Number: _____

Driver's License No.: _____ Exp. Date.: _____ MPTC Card No.: _____ Exp. Date.: _____

Radar Op Card No.: _____ Exp. Date.: _____ MCP Card No.: _____

State ID Card No.: _____ Exp. Date.: _____ Gasoline Card No.: _____ Exp. Date.: _____

NA - Not Applicable 5 - Excellent 4 - Very Good 3 - Satisfactory 2 - Needs Improvement 1- Unsatisfactory

| INSPECTION ITEMS | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Above Listed Cards | | | | | | | | | | | | |
| Ammunition | | | | | | | | | | | | |
| Authorized Personal Equipment | | | | | | | | | | | | |
| Badge No. | | | | | | | | | | | | |
| Firearm Serial No. | | | | | | | | | | | | |
| Body Armor: Serial No. Date Manufactured | | | | | | | | | | | | |
| Handcuffs No. | | | | | | | | | | | | |
| Hat / Footwear | | | | | | | | | | | | |
| Grooming Appearance | | | | | | | | | | | | |
| Leather Equipment | | | | | | | | | | | | |
| Magazines | | | | | | | | | | | | |
| Overall Appearance | | | | | | | | | | | | |
| Portable Radio with Microphone | | | | | | | | | | | | |
| PPE: Boots, Gloves, Suit, Millennium Mask, Canister/Filter | | | | | | | | | | | | |
| Duct Tape | | | | | | | | | | | | |
| Uniform Accessories | | | | | | | | | | | | |
| Uniform Outerwear | | | | | | | | | | | | |
| Uniform Shirt / Trouser | | | | | | | | | | | | |
| Uniform Traffic Citation Book | | | | | | | | | | | | |
| Uniform Criminal Citation Book | | | | | | | | | | | | |
| MCP Warning Book | | | | | | | | | | | | |
| Pepper Spray | | | | | | | | | | | | |
| Asp Baton | | | | | | | | | | | | |
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| Inspected By (Initials) | | | | | | | | | | | | |
| Date Inspected | | | | | | | | | | | | |

MCP 152 (09/12) Instructions: Complete Form monthly for PCO I, PCO II, Security Officer I, Security Officer II, Police Officer I, Police Office II, Corporals and Sergeants

Comments

Jan. Signature of Person Inspected: _____

Feb. Signature of Person Inspected: _____

Mar. Signature of Person Inspected: _____

Apr. Signature of Person Inspected: _____

May Signature of Person Inspected: _____

Jun. Signature of Person Inspected: _____

Jul. Signature of Person Inspected: _____

Aug. Signature of Person Inspected: _____

Sep. Signature of Person Inspected: _____

Oct. Signature of Person Inspected: _____

Nov. Signature of Person Inspected: _____

Dec. Signature of Person Inspected: _____
